**REST AVAILABLE COPY** MULTIPLE DEPENDENT CLAIM SERIAL NO. FEE CALCULATION SHEET FILING DATE 10/550550 APPLICANTS) (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AS FILED AFTER I"AMENDMENT 3 MAMENDMENT AFTER AS FILED AFTER .1"AMENDMENT 1 AMENDMENT IND. DEP. IND. DEP. IND. DEP. 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73

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